



EMBASSY KINGSTON INFORMATION RESOURCE CENTER
142 Old Hope Road – Kingston, Jamaica (876)702-6163/6172
REGISTRATION FORM

Registration date _____

Membership expires _____

Name (Last, First, Middle) _____

Date of Birth _____

Place of Birth _____

Full address _____

Telephone _____

Email _____

ID/Passport N° _____ **Issuing center & date** _____

(STUDENTS)

School & level of studies _____

Parent/Guardian Name _____

Parent/Guardian Telephone _____

The undersigned agrees to accept the responsibility of making restitution due to loss or damage to materials while in his/her possession. Fees will be charged for overdue materials.

Signature of applicant _____

Date _____